

For the library.

CREDITON URBAN DISTRICT COUNCIL.

Annual Report
OF THE
Medical Officer
Of Health.

FOR THE YEAR 1911.

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

To the Crediton Urban District Council.

GENTLEMEN,

I beg to present my Annual Report for the year 1911.

Births & Deaths.

The number of deaths registered during the year was ..	...	...	...	56
The birth rate for 1911	...	...	...	15.3
The birth rate for 1910	...	...	...	17.1
The average birth rate for the previous five years	...	...	...	16.5
The number of deaths registered during the year, including fifteen deaths transferred from other districts	...	...	...	71
Death rate for 1911	...	...	...	19.5
Death rate for 1910	...	...	...	13.8
The number of deaths of children under twelve months of age registered during the year...	...	...	...	3
The rate of infant mortality for 1911	...	...	...	53.5
The rate of infant mortality for 1910	...	...	...	102.9
The average rate of infant mortality during the previous five years	...	...	...	92.9

Of the deaths registered in the district, four were due to pulmonary tuberculosis, three to cancer, three to other diseases of the respiratory organs than tuberculosis, and two to other tuberculous diseases.

Zymotic Diseases.

There has been only one death from any of the zymotic diseases during the year, that being due to a complication of measles. This gives a very low percentage of deaths due to measles, considering the large epidemic of the disease that existed in the town during the early part of the year.

Notifications of Infectious Diseases.

Seventeen cases of infectious diseases were notified during the year, five being cases of diphtheria, four of scarlet fever, four of pulmonary tuberculosis, two of erysipelas, and one each of enteric fever and puerperal fever.

Of the cases of diphtheria, four occurred in the same house, and the fifth case was in the Workhouse. As far as I can make out, none of these cases were connected in any way with the epidemic of diphtheria at Hookway.

The four cases of scarlet fever were scattered in various parts of the town, and there seemed to be no connection between them.

With regard to pulmonary tuberculosis, cases resident in public Institutions have been made compulsorily notifiable during the year, and on January 1st, 1912 all cases of this disease were made compulsorily notifiable, thus completing a most important step in the eradication of the disease.

Population.

The total population of the Urban District at the Census of 1911 was 3640, shewing a decrease of rather more than 300 during the last few years.

The acreage of the District is 2552.

Housing Accommodation.

I consider that the dwelling-house accommodation is adequate for the requirements of the working classes of the town, and in most cases there is a fair amount of space around the houses.

Most of the houses are in fair condition, and many improvements are being made.

Two new houses have been erected during the year, and six old ones have been satisfactorily renovated. None have been condemned as unfit for human habitation.

There is a great demand for houses for the middle classes in the district, but as yet none are being built.

Mr. T. Jones (the Sanitary Inspector), has been appointed by the Council to carry out the systematic house-to-house inspection under my supervision.

Three plans of new houses have been presented to the Authorities for approval, all of which have been passed.

Drainage.

The question of the disposal of the drainage is still under the consideration of the Council, which also includes that of the Fordton drainage.

Five private housedrains have been connected with the sewers, and seven have been repaired and put in order.

A portion of the drain behind some of the cottages in East Street is at the present time in an unsatisfactory condition ; this is to be remedied shortly.

Removal of House Refuse.

The house refuse is removed once weekly under contract.

At the present time the refuse from each house is deposited on the roadside once weekly in any old box or pail that is available, and in very few cases is a proper covered receptacle provided, as it should be. The refuse is also carted away in uncovered carts, and on many occasions the dust that is allowed to blow about the streets is a danger to the public health. During the past year I have advocated the use of covered carts, and the provision of proper covered receptacles by householders, but as yet nothing has been done in this direction.

Closet Accommodation.

The district is mainly provided with water closets, but many of these have to be flushed by hand ; during the year a proper flushing apparatus has been installed in a few of these closets.

On the whole the accommodation is fairly satisfactory.

Three new private closets have been built for old houses, and eight old closets have been repaired.

Water Supply.

The district has a very good and plentiful supply of water.

Bakehouses.

There are ten of these in the district, each of which has been inspected three times. One required lime washing, which has been done.

Dairies and Cowsheds.

There are fifteen dairies and milk-shops in the district, each of which has been inspected four times. In two cases the ventilation was bad, and the walls required limewashing ; these defects have been remedied. Most of the cowsheds are not in accordance with the requirements of the Model Bye-laws.

Food.

On the whole this has been very good, but one carcase of a maiden heifer has been condemned as unfit for consumption on account of tuberculosis.

The milk is in many cases carried about in uncovered tins, and is thus liable to pollution with dust.

Nuisances.

Nineteen complaints of nuisances have been received.

Forty-nine notices have been issued for the abatement of nuisances, and eighty nuisances have been abated.

There has been no case of overcrowding in the district.

Eight complaints have been made of pigstyes, and in two cases have the pigs been removed as they were being kept too near dwelling-houses.

Schools.

All the schools in the town have been inspected, and have been found to be in a satisfactory condition.

Slaughter-houses.

Seven of these exist in the town, each of which has been inspected on four occasions, usually on killing days. One slaughter-house was found to be in a dirty condition, and required a new floor.

It would be a great improvement if a public slaughter-house were provided for the town.

Factories and Workshops:

These have all been inspected, and no case of overcrowding has been reported. The ventilation in each case is fairly satisfactory.

Method of dealing with infectious diseases.

In all cases where it is possible, the patients are isolated in their own houses in the usual way, but in very many of the homes of the working classes this is impossible, owing to lack of satisfactory accommodation.

Proper isolation, and therefore the prevention of the spread of the disease, can only be carried out by providing an Isolation Hospital ourselves or making arrangements for sufficient accommodation in some other Isolation Hospital. At the present time there is some such arrangement with the Exeter Isolation Hospital, but I am sorry to say we are not allowed sufficient room there on all occasions.

The County is now being divided up into areas for the provision of Isolation Hospitals, and it has been found almost impracticable to bring the Crediton District in with any other than Exeter. The population of the Urban and Rural Districts of Crediton is nearly 15,000, and I consider that about 15 or 16 beds are required for the isolation of infectious diseases that occur in the district. Unless we can be sure of a sufficient supply of isolation accommodation in the Exeter Isolation Hospital, I think we should take steps to provide it for ourselves. The cost of building and fitting up an Isolation Hospital is about £250 per bed.

My own idea would be to provide one for the use of the Urban and Rural Districts, the cost of maintenance to be divided between the districts in the proportion of their rateable values. The Urban Council already possess a site at the top of the town, which would answer very well as a site for a Fever Hospital, and there would be plenty of room for the working of the Consumption Shelters in the same place.

In this way a considerable grant may be obtained from the money set aside for the provision of Sanatoria.

The following table shows at a glance the number of cases of infectious diseases that have occurred in this district during the last ten years. :—

Year	Scarlet Fever	Diphtheria	Typhoid Fever
1902	86	5	10
1903	21	6	4
1904	55	3	4
1905	128	4	11
1906	27	9	1
1907	37	41	2
1908	39	6	2
1909	18	13	5
1910	7	2	0
1911	10	30	3
Average	42·8	11·9	4·2

Children are not allowed to attend School from an infected house, and disinfectants are provided free of cost in cases where the people are too poor to provide for themselves.

The subsequent disinfection of the house or room is carried out when the infectious conditions of the patient has ceased.

A proper disinfecting apparatus for disinfecting bedding and clothes should be provided, which should be kept at the Isolation Hospital, should one be built. This should be provided, even if no Hospital were built.

Methods of Control of Tuberculosis.

Appended is a table giving the particulars of the accommodation provided for cases of pulmonary tuberculosis.

A great deal of good has been derived from this during the last year, but if a Hospital were built the open-air Shelters might with advantage be moved to the same site.

An agreement has been made with the Crediton Guardians to provide a sum of 10/- per week for each pauper patient treated in the Shelters, provided the cases are approved by them before being removed to the Shelters.

I am, Gentlemen,

Yours faithfully,

LIONEL H. MOISER,

M.O.H. Crediton Urban District.

Appended are the various Statistical Tables :—

TABLE I.

Vital Statistics of Whole District during 1911 and previous Years.

Name of District—CREDITON URBAN DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.†		NETT DEATHS BELONGING TO THE DISTRICT.			
		Uncorrected Number	Nett.		Number. *	Rate.	Of Non-residents registered in the District †	Of Residents not registered in the District ‡	Under 1 Year of Age		At all Ages.	
			Number †	Rate.					Number *	Rate per 1,000 Nett Births	Number *	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906	3970	60		16	78	18	10		7	116	68	17.2
1907	3970	78		17.9	76	19.1	2		9	120	74	18.2
1908	3970	58		15.4	51	12.4	4		4	63	47	12.3
1909	3970	63		16.1	70	17.1	13		4	63	57	14.4
1910	3970	68		17.1	62	15.6	7		7	102.9	55	13.8
1911	3640	60	56	15.3	57	15.6	1	15	3	53.5	71	19.5

NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick and infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are to be included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 13 are to be similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number in Column 9.

† The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (*b*) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as is Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one Institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (*a*) to the district of residence, under the general rule; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

Area of District in acres
(exclusive of area
covered by water.) } 2552

Total population at all ages—3640

Number of inhabited houses—996

Average number of persons per house—3.6

} At Census of
1911.

TABLE II.

Cases of Infectious Disease notified during the Year 1911

Name of District—*CREDITON URBAN DISTRICT.*

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.						TOTAL CASES NOTIFIED IN EACH LOCALITY (e.g. Parish or Ward) of the District.							TOTAL CASES REMOVED TO HOSPITAL.	
	At all ages.	At Ages t—Years					1	2	3	4	5	6	7		
		Under I	1 to 5	5 to 15	15 to 25	25 to 45									45 to 65	65 and upwards.
Small-pox	None
Cholera	
Diphtheria (including Membranous croup)	5	...	4	I	...	2	...	...	...	...	...	...	...
Erysipelas ...	2	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever ...	4	...	4	...	...	...	...	...	...	...	...	...	...
Typhus fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever ...	I	...	...	...	...	I	...	...	...	...	...	...	...
Relapsing fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever ...	I	...	...	I	...	...	...	...	...	...	...	...	...
Plague	None	
{ Under Tuberculosis Reg- ulations, 1908 Under Tuberculosis Reg- ulations, 1911 Others ...	3	...	...	I	I	I	...	...	...	...	...	...	...
	I	...	...	...	...	...	...	...	...	...	...	...	...
		
Totals ...	17	...	8	3	I	5	

NOTES—State in space below the name and position within or without the district of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent, the accommodation available for the district afforded by it, and the name of the authority by whom the hospital is provided.

* This space may be used for record of other diseases, the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notification should be filled up in all cases where the Medical Officer of Health, by enquiry or otherwise, has obtained the necessary information.

Causes of, and Ages at Death during the Year 1911.

[illegible]

Name of District—CREDITON URBAN DISTRICT.

1911.—Nett Deaths from stated causes at various Ages under 1 Year of Age.

[illegible]

Nett Births in the year $\left\{ \begin{array}{l} \text{legitimate—55} \\ \text{illegitimate—1} \end{array} \right.$

Nett Deaths in the year of $\left\{ \begin{array}{l} \text{legitimate infants—3} \\ \text{illegitimate infants—none} \end{array} \right.$

CREDITON URBAN AND RURAL DISTRICTS.

PHTHISIS : SANATORIUM AND HOSPITAL ACCOMMODATION.

Classes for which accommodation is provided.	By whom provided.	Where situated.	Total number of Beds.	How are patients selected ?	Are patients under the care of a resident Medical Officer ?	What charge, if any, is made for the use of Beds ?	Do the Sanitary Authority use—(1) their Isolation Hospital, or (2) their Small-pox Hospital for cases of Phtisis ?	Do the Sanitary Authority reserve Beds in any Phtisis Sanatorium ; If so, how many, and in what Sanatorium ?	Do the Sanitary Authority provide portable open-air Shelters or Tents ?
(a) Early cases.									
(b) Intermediate cases.	Crediton and District Anti-Consumption Association.	Crediton.	10	Recommended by their own Medical attendants. Received by the Committee of Association.	Under the care of their own Medical attendants.	10/- a week or less for patients in group of shelters in Crediton. For portable Shelters 2/6 a week at home, or less, as patients can afford.	The Sanitary Authority has no Isolation Hospital for anything but Small-pox.	No	Four or five portable Shelters provided by the same Association for loan or hire.
(c) Advanced cases.	Portable Shelters lent out for small charge each week for advanced cases at their own homes.								

Have the Council, or any Private Body provided a Dispensary. If so, give particulars.——NO.



